

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579265

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51						
2		1		1		52						
3		1		1		53						
4		1		1		54						
5		1		1		55						
6		1		1		56						
7		1		1		57						
8		1		1		58						
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10		1		1		60						
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12		1		1		62						
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45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.			1									
TOTAL DEP.			16									
TOTAL CLAIMS			17									